

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

34831

FILED NOV 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Haskell</u>				2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bakersfield</u>		0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christy Logan Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ray</u>		b. (Middle) <u>Strain</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>6</u>		(Year) <u>52</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>N</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH <u>June 3 1897</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ozark Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Strain</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u> Evelyn Strain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N. N. I.</u>		16. SOCIAL SECURITY NO. <u>43 0-28-0659</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Strain</u> ADDRESS <u>Bakersfield Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Asthmatic Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4331		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-18</u> , 19 <u>52</u> , to <u>10-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-6</u> , 19 <u>52</u> , and that death occurred at <u>10:05 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Case</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>West Plains Mo.</u>		23c. DATE SIGNED <u>10/17/52</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>10-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Samuel Cemetery, Bakersfield</u>		24d. LOCATION (City, town, or county) (State) <u>Ark.</u>	
DATE REC'D BY LOCAL REG. <u>11-8-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		37025. FUNERAL DIRECTOR'S SIGNATURE <u>Rabekhaus</u> ADDRESS <u>West Plains Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 21 1952

JAN 8 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed R. J. Drago

Licensed Embalmer No. 4547

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.